| D PLAN | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIP A. BUILDING | PLE CONSTRUCTION | (X3) DATE: |) <u>, 0938-(</u> SURVEY ETED |
|--|--|--|----------------------------|--|------------------|-------------------------------------|
| <u> </u> | | 445047 | B. WING | ot - Main Building of | | e.en |
| ME OF | PROVIDER OR SUPPLIER | | FTOE | | 07/ | 9/2012 |
| MPERI | AL GARDENS HEALTI | HAND REHABILITATION | 1 30 | EET ADDRESS, CITY, SYATE, ZIP CODE 6 W DIJE WEST AVE ADISON, TN 37115 | i. | |
| (X4) ID REFIX | SUMMARY STA | TEMENT OF DEFICIENCIES | i ip : | PROVIDER'S PLAN OF CORR | | . |
| TAG | REGULATORY OR L | MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY) | JAN 11 17 DE | COMPLET CATE |
| K 018 SS≃D | | FETY CODE STANDARD | K 018 | | | <u> </u> |
| | Doors protecting co | midor openings in other than | į | | | İ |
| | i hazardous areas ar | of vertical openings, exits, or e substantial doors, such as | | K018 | | 1 |
| | Luiose coustincied v | I 1% (ach colla-bonded ac : | 1 | 1. A new door ordered for clean | Uman | |
| | : wood, or capable of | resisting fire for at least 20. | | closet on 8/1/12 by Corporate Di | irector | [|
| | Liminales. Dadas in s | prinklered buildings are only passage of smoke. There is | į | of Engineering. | | ĺ |
| | t are unibermittel If fill fill | E GIOSIOO Of the doom. Daare ! | ; | Med Room dead bolt removed | 1 | ! |
| | i ene biompeo Milu S i | Means suitable for keeping | | on 7/9/12 by Maintenance staff. | | |
| | i me appli closed. Di | tch doors meeting 19.3.6.3.6 | | 2. 108% audit was done by | | |
| ľ | - | | - | Mailiteannee staff on linea | , , | |
| İ | Roller latches are pr in all health care fac | ohibited by CMS regulations | | viosets doors on 7/9/12. No other doors identified to be affected. | | |
| ļ | | | | 100% audit was done on med room doors on 7/9/12 by Mainter staff. No other doors identified to | жесе | |
| | | | ; | #11cefed* | o de | |
| | | | | 3. Maintenance supervisor were Inserviced by administrator on | ļ | |
| J | | | i | 7/10/12 OB EFFEVER futive maintain. | псе | |
| - [| This STAND | | | checks to ensure that all dwars me life safety code smodurds. | et | |
| ļ | Based on observation | not met as evidenced by: | ļ | | ĺ | |
| - 1 | Agenty railed to MSIUS | ns, it was determined the ain the doors protecting the | | Licensed Nursing Staff were inser by the Nurse educator on 7/10/12 | viced | |
| (| comidors. | The Applied Directing INE | : I | on proper closing of med room do | - 8/3/12 ors. | |
| - | The findings included | : . | _1 | 4. Maintenance emplayees will | 1 | |
| 33 | l. Observation on 7# | 9/12 at 12:56 PM revealed N | DIV | audit 20 doors per week for 4 weel then 20 doors monthly for 2 month | ks. | |
| | Harace applied to the Ch | CAN INON CIARAL VIAA | ,0,133 | and for 100% compliance | i | |
| - C | wacken intondu ibe c | ore and would not close | ! | The Nurse educator will do a 100% andit of med room doors weekly x | 6 | |
| . ' | vithin the frame. | | j | Weeks, then quenthly for 2 months | andler i | |
| /\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | Observation of the torage on 7/9/12 at 1 | Med Room with oxygen 2:59 PM revealed the dead | İ | 100% compliance. The administra | lar | |
| _' ' | | SUPPLIER REPRESENTATIVES SIGNAT | | / TITLE | | |
| _ | | asterisk (*) denotes a desciency which is the padents. (See instructions.) | L | (1) (1) (1) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4 | | DATE |

Any following the date of survey whether or not a plan of correction is provided. For nursing homes, the shove findings stated above are disclosable 90 days days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

FORM CMS-2667(02-99) Previous Versions Obsolote

Event ID: WUHC21

Facility ID: TN1812

If continuation sheet Page 1 of 8

| STATEMEN | TOF DEFICIENCIES | & MEDICAID SERVICES | | | FORM APPROVED OMB NO. 0938-0391 |
|-------------------|---|---|------------------------|---|--|
| AND PLAN | OF CORRECTION | (X1) PROVIDER/SUPPLIER/SLIA IDENTIFICATION NUMBER: | (X2) MUL' A. BUILD! | TIPLE CONSTRUCTION ING 01 - MAIN BUILDING 01 | (X3) DATE SURVEY |
| | | 445047 | B. VVING | | |
| NAME OF | PROVIDER OR SUPPLIER | | | | 07/09/2012 |
| IMPERIA | AL GARDENS HEALTH | AND REHABILITATION | 1 ' | REET ADDRESS, CITY, STATE, ZIP CODE 306 W DUE WEST AVE MADISON, TN 371.15 | |
| (X4) ID PREFIX | SUMMARY STA | TEMENT OF DEFICIENCIES | 1D | | |
| TAG | REGULATORY OR LE | MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | PROVIDER'S PLAN OF CORRECTIVE ACTION SHI (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEPICIENCY) | With the Control of t |
| K 018 | Continued From pag | na 1 | ! | will cannot the another to | |
| | bolt lack on the door door from closing ar | Was endaged proventing the | K 018 | Committee comprised of Medica Director, Administrator, Director | ement l |
| | during the exit confe | acknowledged by the facility e plant operations manager Frence on 7/9/12 | | of Norsing, Assistant Director of Nursing, Minimum Data Set Coo Activities, Social Services, Maint Supervisor, and Environmental | Edinotos |
| K 020 SS=D | NFPA 101 LIFE SAF | ETY CODE STANDARD | K 020 | Director, | |
| l Î | Sileus, Chutes, and r | chafts, light and ventilation other vertical openings | | ICO20 | |
| ļ | nerweeti libbit sie 6 | TICIOSED with construction | | 1. New door ordered on 8/1/12 by | ,] |
| į | hour. An atrium may | nce rating of at least one be used in accordance with | : | the Corporate Director of Engine | erag. |
| | 8.2.5.5. 19.3.1.1. | . 90 does in accordance with | ; ; | 2. 100% audit was done on all du To ensure proper closure/latching Maintenance staff on 7/10/12 - 8/3 | · hu |
| | facility failed to maint | not met as evidenced by: ins, it was determined the ain at least a one (1) hour in the stairway, | N 0-19 | 3. Maintenance employees were inserviced by the Corporate Director of Engineering on | ; |
| j | Observation on 7/9/1: | 2 at 1:20 PM revealed that V | ed o | 4. The Maintenance supervisor v Audit 20 doors weekly x 4 weeks, | viii then |
| | the door to stairway in within the frame. | 2 at 1:20 PM revealed that the basement did not close lower by the facility plant operations manager | rolder | 20 doors monthly x 2 months and/or until 100% compliance. The results will be reported by the maintenance supervisor to the | ite |
| | This finding was ackn administrator and the during the exit confere | plant operations manager | | Quality Assurance Performance Improvement Committee compris of Medical Director, Administrate | iod |
| K 038 1 | NFPA 101 LIFE SAFE | ETY CODE STANDARD | K 038 | Director of Nursing, Assistant Dir of Nursing, Minimum Data Set C. | ector |
| ۱۶ | Exit access is arrange accessible at all times 7.1. 19.2.1 | ed so that exits are readily in accordance with section | 1 | Activities, Social Services, Mainte Supervisor, Dictury Manager, and Environmental Director. | nance I |
| | | | | | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED; 07/11/2012 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES <u>OMB</u> NO. <u>0938-039</u>1 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED 01 - MAIN BUILDING 01 B. WING 445047 NAME OF PROVIDER OR SUPPLIER 07/09/2012 STREET ADDRESS, CITY, STATE, ZIP CODE IMPERIAL GARDENS HEALTH AND REHABILITATION 306 W DUE WEST AVE MADISON, TN 37115 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PRÉFIX (X5) COMPLETION PREFIX ľAG DEFICIENCY) K 038 Continued From page 2 K038 K 038 1. The rugs was removed from outside exit door by room 228 on 7/9/12 by maintenance staff. This STANDARD is not met as evidenced by: Based on observations, it was determined the Housekeeping equipment outside of exit facility failed to maintain clear exit access. door from laundry room and dry room was removed on 7/9/12 by house-The finding included: keeping staff. Observation on 7/9/12 at 12:07 PM revealed Storage bins inside the laundry room storage impeding egress at the following exits: were removed 7/9/12 by the environmental 1. Outside exit door adjacent to room 228 had a director. rolled up rug on the ground. 2. Storage of housekeeping equipment outside The clothes and refrigerator in the of exit doors from laundry room and dryer room, corridor between clean and dirty 3. Storage of bins inside laundry room blocking laundry rooms was removed on 7/10/12 by environmental director. exit to outside. Storage of clothes and a refrigerator in the corridor between clean and dirty laundry rooms. 2. 100% audit was completed on 7/9/12 by the maintenance supervisor to ensure exits are readily accessible at These findings were acknowledged by the facility all times. No other exits were identified administrator and the plant operations manager to he affected. during the exit conference on 7/9/12. K 050 NFPA 101 LIFE SAFETY CODE STANDARD 3. The Norse Educator inserviced all staff K 050i SS=F (housekeeping, laundry, auraing, social Fire drills are held at unexpected times under Services, activities, dietary, therapy, varying conditions, at least quarterly on each shift. Administration, and maintenance) on 7/10/12 - 8/3/12 regarding Exits being The staff is familiar with procedures and is aware accessible at all times according to life that drills are part of established routine. safety codes. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are 4. The Maintenance supervisor will audit conducted between 9 PM and 6 AM a coded 100% of exits weekly x 4 weeks, then monthly announcement may be used instead of audible x 2 months and/or 100% compliance. The result will be reported by the alarms. 19.7.1.2 Maintenance Supervisor to the Quality Assurance Performance

FORM CMS-2567(02-90) Previous Versions Obsolete

Event ID: WUHC21

Facility ID: TN1912

If continuation sheet Page 3 of 8

| DEPAR | TMENT OF HEALTH | AND HUMAN SERVICES | | | | PRINTER | D: 07/11/2012 |
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| CENTE | RS FOR MEDICARE | & MEDICAID SERVICES | | | | FORN | 1 APPROVED |
| I STATEMEN | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (XZ) M A BUI | | PLE CONSTRUCTION G 01 - MAIN BUILDING 01 | (X3) DATE S |). 0938-0391 SURVEY ETED |
| | | 445047 | 8, WIN | ۷G | | ŀ | i |
| NAME OF | PROVIDER OR SUPPLIER | · · · · · · · · · · · · · · · · · · · | | | | 07/0 | 19/2012 |
| IMPERU | AL GARDENS HEALTH | AND REHABILITATION | | 30 | EET ADDRESS, CITY, STATE, ZIP CODE 16 W DUE WEST AVE IADISON, TN 37115 | | i |
| (X4) ID | SUMMARY STA | TEMENT OF DEFICIENCIES | | i | | | |
| PREFIX | (EACH DEFICIENCY | MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFI TAG | | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPR DEFICIENCY) | II D DC | (KS) CUMPLETION DATE |
| 8-45 C 8-45 The finding included Observation of a fire Levealed the following No public address Ocors in the 200 staff Confusion among Environmental st procedures These findings were administrator and the during the exit confe NFPA 101 LIFE SAF A fire alarm system installed, tested, and with NFPA 70 Nation 72. The system has a and testing program requirements of NFP | a not met as evidenced by: ions, it was determined the w fire drill response policy. t: e drill on 7/9/12 at 1:28 PM ng: is of the location of the fire. corridor were not closed by sidents left in the 200 corridor g staff on where to go aff did not know fire drill acknowledged by the facility e plant operations manager rence on 7/9/12. EETY CODE STANDARD required for life safety is maintained in accordance leal Electrical Code and NFPA an approved maintenance complying with applicable A 70 and 72. 9.6.1.4 | K 05 | | Improvement Committee comprised of Medical Director, Administrator, Director of Nursing, Assistant Direct of Nursing, Minimum Data Set Couractivities, Social Services, Dietary M. Maintenance Supervisor, and Environmental Director. K850 1. The Nurse Educator began inservistation proper fire drill procedures on 7/9/12. 2. No residents were effected. The P. Educator began inservicing staff on Pruper fire drill procedures on 7/9/13. 3. All staff (nursing, dietary, housek therapy, social services, activities, maintonance, and administration) were inserviced by the Nurse educat proper fire drill procedures 7/9/12 - 4. The Nurse Educator will monitor response during the fire drills weekly a 4 weeks, then monthly x 2 months and/or 100% compilance. The results will be reported by the Nurse Educator to the Quelity Assurance Performance Improvement Committee comprised of Medical Director, Director of Nursing, Assistant Director of Nursing, Minimum Data Set Coordi Dietary Manager, Activities, Social S Maintenance Supervisor, and Environmental Director. | or dinator, anger, anger, icing | |
| | Based on interview, i | not met as evidenced by: t was determined the facility | | | • | . | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 07/11/2012 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <u>OMB NO. 0938-0391</u> AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY A. BUILDING COMPLETED 01 - MAIN BUILDING 61 B. WING 445047 NAME OF PROVIDER OR SUPPLIER 07/09/2012 STREET ADDRESS, CITY, STATE, ZIP CODE IMPERIAL GARDENS HEALTH AND REHABILITATION 306 W DUE WEST AVE MADISON, TN 37115 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PREFIX 1D PROVIDER'S PLAN OF CORRECTION TAG PREFIX (XS) CUMPLETION (JA] E (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY K 052 Continued From page 4 K052 K 052 falled to properly test fire alarm system. 1. Simplex Grinnel was contacted The finding included: by the administrator on 7/31/12. Inservice scheduled for Interview with the plant operations manager on maintenance staff on 8/6/12 by 7/9/12 at 1:41 PM revealed that he was not Simplex Grinnel. trained on how to test the communication lines at the Fire Alarm Control Panel. 2. No residents were identified as being affected. This finding was acknowledged by the facility administrator and the plant operations manager 3. Maintenance staff were during the exit conference on 7/9/12, inserviced on 8/6/12 K 062 NFPA 101 LIFE SAFETY CODE STANDARD by Simplex Grinnel on how to K 062 SS=D test the communication lines at Required automatic sprinkler systems are the Fire Alarm Control Panel. continuously maintained in reliable operating condition and are inspected and tested 4. The Maintenance supervisor will periodically. 19.7,6, 4.6.12, NFPA 13, NFPA audit the communication lines at the Fire Alarm Control 25, 9.7.5 Panel weekly x 4 weeks, then monthly x 2 months and/or until 100% compliance. The results will be reported by the This STANDARD is not met as evidenced by: Maintenance Supervious to Based on records review, it was determined the the Quality Assurance Performance facility failed to conduct the required inspections Improvement Committee comprised on the automatic sprinkler system. of Medical Director, Administrator, Director of Nursing, Assistant Director of Nursing, Minimum Data Set The finding included: Coordinator, Dictary Manager, Activities, Social Services, Maintenance Supervisor, Review of records on 7/9/12 at 1:35 PM revealed and Environmental Director. the facility failed to conduct the five year obstruction investigation within the 5 years. The K062 previous investigation was conducted on 2/13/06, the most recent investigation was conducted on 1. The maintenance Supervisor 2/15/12, was inserviced on conducting the required inspections on the This finding was acknowledged by the facility automatic sprinkle on 7/39/12 by edministrator. administrator and the plant operations manager 2. No resident's identified to be affected.

FORM CMS-2587(02-99) Previous Versions Obsolete

Event to: WUHC21

Facility ID: TN 1912

If continuation sheet Page 5 of 8

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 07/11/2012 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED <u>OMB NO. 0938-0391</u> STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY COMPLETED IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING B1 B WING 445047 07/09/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE IMPERIAL GARDENS HEALTH AND REHABILITATION 306 W DUE WEST AVE MADISON, TN 37115 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF GORRECTION PREFIX (X5) COMPLETION DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) K 062 | Continued From page 5 3. The maintenance staff wore K 062 during the exit conference on 7/9/12. inserviced by the administrator K 069 NFPA 101 LIFE SAFETY CODE STANDARD on 7/30/12 on maintain required K 069: records of inspections/investigations \$8<D for automatic sprinkler system. Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 4. The maintenance supervisor will audit all the required inspections/ investigations weekly x 4 weeks, then This STANDARD Is not met as evidenced by: monthly x 2 months and/or Based on observations, it was determined the 100% compliance. The maintenance facility failed to properly protect the cooking Supervisor will report the results facilities. to the Quality Assurance Performance Improvement Committee comprised on Medical Director, The finding included: Administrator, Director of Nursing, Assistant Director of Nursing, Minimum Observation on 7/9/12 at 12:17 PM revealed the Data Set Coordinator, Dietary Manager, deep fryer was not properly centered under the Activities, Social Services, Maintenance nozzle for the hood extinguishing system. Supervisor and Environmental Director. This finding was acknowledged by the facility administrator and the plant operations manager during the exit conference on 7/9/12. K069 K 130 NFPA 101 MISCELLANEOUS K 130i \$S=D 1. Deep Fryer was moved OTHER LSC DEFICIENCY NOT ON 2786 Under the nozzle for the hood extinguishing system by maintenance supervisor on 7/9/12. 2. No resident was identified to This STANDARD is not met as evidenced by: be effected. National Fire Protection Association (NFPA) 101 Life Safety Code 2000 Edition 19.3.2.4; Medical 3. Dietary Manager and Dietary gas storage and administration areas shall be staff were inserviced by maintenance protected in accordance with NFPA 99, Standard supervisor on 7/10/12 regarding for Health Care Facilities. proper location of the deep leyer. Based on observations, it was determined that

FORM CMS-2557(02-99) Provious Vorsions Obsolete

cylinders

the facility failed to maintain proper storage of gas

Event ID: WUFIG21

Facility ID: TN1912

If continuation sheet Page 6 of 8

| CENTE | RS FOR MEDICARE | AND HUMAN SERVICES & MEDICAID SERVICES | | | PRINTED: 07/11/201 FORM APPROVE |
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| ISLAIEMEN | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MUI A. BUILD | TIPLE CONSTRUCTION DING 01 - MAIN BUILDING 01 | OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED |
| | | 445047 | B. WING | | |
| NAME OF F | PROVIDER OR SUPPLIER | | | | 67/09/2012 |
| IMPERIA | L GARDENS HEALT | AND REHABILITATION | S | TREET ADDRESS, CITY, STATE, ZIP CODE 306 W DUE WEST AVE MADISON, TN 37115 | · |
| (X4) ID PREFIX TAG | : (ERCH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY) | HILL COMPLETION |
| K 130 K 147 SS=D | the Central Supply of This finding was act administrator and the during the exit confe NFPA 101 LIFE SAI Electrical wiring and | 12 at 12:23 PM revealed an sylinder in the corridor outside com. Inawledged by the facility a plent operations manager. | K 130 | 4. The Dietary Manager will audifor For proper location of the deep from the weekly at 4 weeks, then weekly months and/or 190% compliance. The results will be reported by the Dietary Manger to the Quality Assurance Perform Improvement Committee comprise of Medical Director, Administrate Director of Nursing, Assistant Director of Nursing, Minimum Data Set Coordinator, Dietary Manager, | yer x 2 xuce ed r, ectur |
| 8-15 9 8-15 04 | The findings included Observation on 7 power strips plugged battery backup in the a. Social services of b. Audio/ visual setuc. Room 109) Observation on 7 power strip perched in the services of the company of the | 19/12 at 11:54 AM revealed into other power strips with following locations: fice () 19/12 at 12:22 PM revealed a pin a book of the wall in the im 117. | | 1. Oxygen Cylinder was removed by maintenance supervisor on 7/9. 2. 100% audit was completed by the Maintenance staff to ensure all oxygen cylinders were accurred on 7/9/12. No other oxygen cylinders all staff (nursing, dictory, maintenance staff to ensure distaff (nursing, dictory, maintenance entirities, and administration) on 7/16/12 - 8/3/12 on properly storage of oxygen cylinders. 4. The maintenance employees will The facility for proper storage of oxygen cylinders weekly x 4 weeks, then monthly x 2 months and/or until 100% compliance. The maintenance Supervisor will report the results to the Quality Assurance | he were ec hece, ices. audit |

| CENTE | <u>RS FOR MEDICARE</u> | AND HUMAN SERVICES MEDICAID SERVICES | | | FOR | D: 07/11/20 [.] M APPROVE |
|--------------------------|--|---|---------------------|---|-----------------|---------------------------------------|
| OIVIEMEN | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER: | (X2) MUL | TIPLE CONSTRUCTION NG 01 - MAIN BUILDING 01 | (X3) DATE | <u>). 0</u> 938-039 |
| NAME OF |) TOUR DO TO | 445047 | 8. WING | | <u> </u> | |
| IMPERIA | | HAND REHABILITATION | () | REET ADDRESS, CITY, STATE, ZIP CODE 306 W DUE WEST AVE MADISON, TN 37115 | _ <u>l _07/</u> | <u>09/2012</u> |
| (X4) ID PREFIX TAG | (LEAGN DEPROIT NOV | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL EC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRE (BACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY) | אווו חומר | COMPLETION DATE |
| K 147 | Continued From pa These findings were administrator and the during the exit confi | acknowledged by the facility | K 147 | Performance Improvement Comm comprised of Medical Director, Administrator, Director of Nursing, Min Assistant Director of Nursing, Min Data Set Coordinator, Dietary Ma Activities, Social Services, Mainten Supervisor, and Environmental Di K147 | imum ager, | |
| | | | | 1. Maintenance Supervisor and Maintenance employees removed The power strip plugged into other power strip with battery backup on 7/9/12. | | |
| | | | | The power strip in social services offices was removed by maintenane saupervisor on 7/9/12. Power strip in dining room for | • | |
| | • | | | audio/visual satup was removed by maintenance supervisor on 7/9/12. Power strip in Room 109 was removed by maintenance supervisus | • | |
| | | | | on 7/9/12. Power strip was removed from nurses station by room 117 on 7/9/12 by maintenance supervisor. | ļ | |
| | | | • | Extension cord providing permanent power to employee time clock in the basement was removed by maintenance supervisor on 7/10/12. | | |
| | | | | 2. 100% nudit of the building was do by maintenance employees to onsure power strips were being used accordite life safety codes 7/10/12 - 8/3/12. | ı | |
| M CMS-2887 | (02-99) Previous Veisions O | bsolete Event ID: WUHC21 | Facu | ly ID: TN1912 | unian abasi | |

PRINTED: 07/11/2012 FORM APPROVED

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIE IDENTIFICATION NUI | R/CLIA MBER: | A BUILDIN | IPLE CONSTRUCTION G 01 - MAIN BUILDING 01 | (X3) DATE | SURVEY LETED |
|---|---|---|-------------------------------|--|--------------------------------|-----------------|
| NAME OF PROVIDER OR SUPPLIE | TN1912 | | B. WING | | | |
| | | STREET ADD | IDRESS, CITY, STATE, ZIP CODE | | 07/09/2012 | |
| IMPERIAL GARDENS HEAD | 1 | 306 W DUE MADISON, | E WEST AV | É | | |
| (X4) ID SUMMARY S | STATEMENT OF DEFICIENCIES | \$ i | 10 ; | finol et al. | | |
| TAG REGULATORY O | NCY MUST BE PRECEDED BY R LSC IDENTIFYING INFORMA | FULL : | PREFIX TAG | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY) | 318000 | COMP |
| (2) After the appli application and lic submit the buildin department. All n 2006 edition of the except for Chapter and except for Chapter and except for Chapter and except for Chapter and except for Chapter and except for Chapter and except for Chapter and except for Chapter and except for Chapter addition of the Internations edition of the Internations of the 2006 edition of Code (NFPA) NFI incorporates the 2 Code; the 2010 G Construction of Headition of the National Code as addition of the National Code as additional | Building Standards icant has submitted an censure fees, the application plans to be facilities shall conforce international Building at 11 pertaining to access apter 27 pertaining to access apter 27 pertaining to access apter 27 pertaining to access apter 27 pertaining to access apter 27 pertaining to access apter 28 pertaining Code; the 2006 all Plumbing Code; the 2006 all Plumbing Code; the 2016 and Fuel and Gas of the National Fire Protoperation of the Life Studdelines for Design and actional Electrical Code; are 2015. Public Health Seropted by the Board for Lites. The requirements with Disabilities Act (AD on of North Carolina Has with 2004 amendment and to all existing facilities when referring to height, the International Build Where there are conflicents in local codes, the applications and provision ost stringent requirements | cant must the m to the Code, ssibility electrical edition 2006 Code; ection which Sefety de 2005 and the rvice icensing of the A.), andicap ats apply ties that paired and, area ding cts | N 832 | 3. All staff (nursing, dietary, main Housekeeping, therapy, social serva Activities, and administration) were inserviced by the Nurse Edm 7/10/12 - 8/3/12 on the use of power 4. The maintenance employees will do an audit of 25 rooms and 5 office/common areas for proper Use of power slips weekly x 4 weeks, then munthly x 2 months and/or until 100% compliance. The results will be reported by the Maintenance supervisor to the Quality Accurance Performance Improvement Committee comprise of Medical Director, Administrator Director of Nursing, Assistant Director of Nursing, Minimum Dat Set Coordinator, Dietary Manager, Activities, Social Services, Maintenance Supervisor, and Environmental Director. N832 1. The trash (old mattrexes, pallets, various wood, etc) piled next to dumpster was removed by maintenance staff on 7/9/12. The damage ceiling tile in corridor by 200 ball nurses station was replaced by maintenance staff on 7/10/12. The damage ceiling tile in corridor next to stairway door on first floor was replaced by maintenance staff on 7/10/12. | tenance, ices, cator r strips. | |

LAB STATE FORM

WUHC21

If continuation sheet 1 of 2